

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
C9767046

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>Cancel</i>					
2	(1)					
3	(1)					
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10*	<i>Cancel</i>					
11	<i>Cancel</i>					
12	(5)					
13	(1)					
14	(1)					
15	(1)					
16	<i>Cancel</i>					
17	<i>Cancel</i>					
18	<i>Cancel</i>					
19	1					
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TOTAL IND.	1					
TOTAL DEP.	14					
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS